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Patent

First Named Inventor: Scott A. Hareland et al.

Check One:

Complete If Known:

☐ Declaration Submitted with  
Initial Filing

OR

☒ Declaration Submitted After  
Initial Filing (Surcharge under  
37 C.F.R. § 1.16(e) Required).

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Art Unit: Unknown

Examiner Name: Unknown

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

NONPLANAR DEVICE WITH STRESS INCORPORATION LAYER AND METHOD OF  
FABRICATION

the specification of which

☐ is attached hereto.

☒ was filed on (MM/DD/YYYY) June 27, 2003 as

United States Application Number 10/607,632

or PCT International Application Number \_\_\_\_\_

and was amended on (MM/DD/YYYY) \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

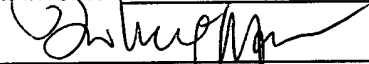
Full Name of Sole/First Inventor Scott A. Hareland

Inventor's Signature  Date 9/18/03

Residence Tigard, Oregon Citizenship USA  
(City, State, Country) (Country)

Mailing Address 13722 SW Ascension Drive  
Tigard, OR 97223-5679


Full Name of Second/Joint Inventor Robert S. Chau

Inventor's Signature  Date 9/18/03

Residence Beaverton, Oregon Citizenship USA  
(City, State, Country) (Country)

Mailing Address 8875 SW 171th Avenue  
Beaverton, OR 97007


Full Name of Third/Joint Inventor Brian S. Doyle

Inventor's Signature  Date 9/17/03

Residence Portland, Oregon Citizenship IRELAND  
(City, State, Country) (Country)

Mailing Address 11156 NW Montreux Lane  
Portland, OR 97224


Full Name of Fourth/Joint Inventor Suman Datta

Inventor's Signature  Date 9/17/03

Residence Beaverton, Oregon 97006 Citizenship INDIA  
(City, State, Country) (Country)

Mailing Address 16659 NW Talkingstick Way  
Beaverton, OR 97006

Full Name of Fourth/Joint Inventor Been-Yih Jin

Inventor's Signature  Date 9/18/2003

Serial No.: 10/607,632

## APPENDIX A

Ramin Aghevli, Reg. No. 43,462; William E. Alford, Reg. No. 37,764; Farzad E. Amini, Reg. No. 42,261; W. Thomas Babbitt, Reg. No. 39,591; Jordan M. Becker, Reg. No. 39,602; Michael A. Bernadicou, Reg. No. 35,934; Roger W. Blakely, Jr., Reg. No. 25,831; R. Alan Burnett, Reg. No. 46,149; Gregory D. Caldwell, Reg. No. 39,926; Thomas M. Coester, Reg. No. 39,637; Florin A. Corie, Reg. No. 46,244; Mimi D. Dao, Reg. No. 45,628; Stephen M. De Klerk, Reg. No. 46,503; Daniel M. De Vos, Reg. No. 37,813; Sanjeet Dutta, Reg. No. 46,145; Tarek N. Fahmi, Reg. No. 41,402; Thomas S. Ferrill, Reg. No. 42,532; George L. Fountain, Reg. No. 36,374; Adam Furst, Reg. No. 51,710; Angelo J. Gaz, Reg. No. 45,907; Andre M. Gibbs, Reg. No. 47,593; James Y. Go, Reg. No. 40,621; Melissa A. Haapala, Reg. No. 47,622; Alan E. Heimlich, Reg. No. 48,808; James A. Henry, Reg. No. 41,064; William E. Hickman, Reg. No. 46,771; Willmore F. Holbrow III, Reg. No. 41,845; Sheryl Sue Holloway, Reg. No. 37,850; George W. Hoover II, Reg. No. 32,992; Libby H. Hope, Reg. No. 46,774; Eric S. Hyman, Reg. No. 30,139; Aslam A. Jaffery, Reg. No. 51,841; William W. Kidd, Reg. No. 31,772; Walter T. Kim, Reg. No. 42,731; Eric T. King, Reg. No. 44,188; Steve Laut, Reg. No. 47,736; Suk S. Lee, Reg. No. 47,745; Gordon R. Lindeen III, Reg. No. 33,192; Jan C. Little, Reg. No. 41,181; Julio Loza, Reg. No. 47,758; Joseph Lutz, Reg. No. 43,765; Lawrence E. Lycke, Reg. No. 38,540; Michael J. Mallie, Reg. No. 36,591; Andre L. Marais, Reg. No. 48,095; Raul D. Martinez, Reg. No. 46,904; Paul A. Mendonsa, Reg. No. 42,879; Jonathan S. Miller, Reg. No. 48,534; Richard A. Nakashima, Reg. No. 42,023; Thien T. Nguyen, Reg. No. 43,835; Thinh V. Nguyen, Reg. No. 42,034; Robert B. O'Rourke, Reg. No. 46,972; Daniel E. Ovanezian, Reg. No. 41,236; Gregg A. Peacock, Reg. No. 45,001; Philip A. Pedigo, Reg. No. 52,107; Marina Portnova, Reg. No. 45,750; Joseph A. Pugh, Reg. No. 52,137; James H. Salter, Reg. No. 35,668; William W. Schaal, Reg. No. 39,018; James C. Scheller, Reg. No. 31,195; Saina S. Shamilov, Reg. No. 48,266; Kevin G. Shao, Reg. No. 45,095; Stanley W. Sokoloff, Reg. No. 25,128; Judith A. Szepesi, Reg. No. 39,393; Edwin H. Taylor, Reg. No. 25,129; Lisa Tom, Reg. No. 52,291; John F. Travis, Reg. No. 43,203; Kerry D. Tweet, Reg. No. 45,959; Mark C. Van Ness, Reg. No. 39,865; Thomas A. Van Zandt, Reg. No. 43,219; Lester J. Vincent, Reg. No. 31,460; Glenn E. Von Tersch, Reg. No. 41,364; John P. Ward, Reg. No. 40,216; Mark L. Watson, Reg. No. 46,322; Thomas C. Webster, Reg. No. 46,154; and Norman Zafman, Reg. No. 26,250; my patent attorneys, and William J. Daley, Reg. No. P-52,471; Brent E. Vecchia, Reg. No. 48,011, and Lehua Wang, Reg. No. 48,023; my patent agents, of BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP, with offices located at 12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025, telephone (408) 720-8300, and James R. Thein, Reg. No. 31,710, my patent attorney.